

(REFERENCE COPY - Not for submission)

### Noncommercial Broadcast Stations Biennial Ownership Report (FCC Form 323-E)

File Number: **0000042450** Submit Date: **2018-02-16** FRN: **0002940195** 

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 02/16/2018

Filing Status: Active

#### **Section I - General Information**

#### 1. Respondent

FRN	Entity Name
0019776590	Wayside Temple

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
3809 Maple Avenue	Castalia	ОН	44824	+1 (419) 684- 5311	rustyy@cfbroadcast. net

### 2. Contact Representative

Name	Organization
Kathleen Victory, Esq.	Fletcher Heald & Hildreth, PLC

			Zip		
Street Address	City (and Country if non U.S. address)	State	Code	Phone	Email
1300 N. 17th Street Suite 1100	Arlington	VA	22209	+1 (703) 812-0473	victory@fhhlaw.com

# 3. Application Filing Fee

Not Applicable

# 4. Control of Respondent

Relationship to stations/permits	Entity required to file a Form 323-E because it holds an attributable interest in one or more Licensees or Permittees	
Is the Respondent's governing bo	pard (or other governing entity) directly or	No

(b) Provide the following information about this report:				
Purpose	Biennial			
"As of" date	10/01/2017			
	When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.			

### 5. Licensee(s) and Station(s)

#### Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permittee Name	FRN	
Christian Faith Broadcast, Inc.	0002940195	

Fac. ID No.	Call Sign	City	State	Service
11027	WGGN-TV	SANDUSKY	ОН	DTV
11028	WGGN	CASTALIA	ОН	FM
11033	WLLA	KALAMAZOO	МІ	DTV
11035	WJKW	ATHENS	ОН	FM
49181	W33BW	ASHLAND	ОН	LPA
81963	WLRD	WILLARD	ОН	FM

#### **Section II – Biennial Ownership Information**

#### 1. 47 C.F.R. Section 73.3613 Documents

Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this report. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee Respondents should select "Not Applicable" in response to this question.

Not Applicable.

### 2. Ownership Interests

(a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, members of the governing board (or other governing entity), stockholders, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

Ownership Information				
FRN	0019776590	0019776590		
Entity Name	Wayside Temple	Wayside Temple		
Address	РО Вох			
	Street 1	3809 Maple Avenue		
	Street 2			
	City	Castalia		

	State ("NA" if non-U.S. OH address)			
	Zip/Postal Code	44824		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
Positional Interests (check all that apply)	Respondent			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity			
Interest Percentages	Voting	0.0%		
(enter percentage values from 0.0 to 100.0)	Equity	Equity 0.0%		
	Total assets (Equity Debt 0.0% Plus)			
Does interest holder have an attributable interest in one or more broadcast stations  No that do not appear on this report?				

Ownership Information				
FRN	0019934116	0019934116		
Name	Shelby Gillam	Shelby Gillam		
Address	РО Вох			
	Street 1	6815 Parker Road		
	Street 2			
	City	Castalia		
	State ("NA" if non-U.S. address)	ОН		
	Zip/Postal Code	44824		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	Pastor			
By Whom Appointed or Elected	Board	Board		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	100.0%		
(enter percentage values from 0.0 to 100.0)				

Equity		0.0%	
Total assets (E	Equity Debt	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		more broadcast stations	No

Ownership Information			
FRN	0019934140		
Name	Clyde R. Yost, Jr.		
Address	РО Вох		
	Street 1	601 Cold Creek Court	
	Street 2		
	City	Castalia	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	44824	
	Country (if non-U.S. United States address)		
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Pastor		
By Whom Appointed or Elected	Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race White		
Interest Percentages	Voting	0.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations  No that do not appear on this report?			

Ownership Information		
FRN	0019934181	
Name	Tom Tinnel	
Address	PO Box	
	Street 1	1312 Horn Road

	Street 2		
	City	Milan	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	44846	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Retired		
By Whom Appointed or Elected	Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	0.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations	No

Ownership Information		
FRN	0019934173	
Name	Brian Adkinson	
Address	PO Box	
	Street 1	9710 Route 269N
	Street 2	
	City Bellevue	
	State ("NA" if non-U.S. OH address)	
	Zip/Postal Code	44811
	Country (if non-U.S. United States address)	
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	

Principal Profession or Occupation	Television Broduction Manager	
By Whom Appointed or Elected	Board	
Citizenship, Gender,	<b>Citizenship</b> US	
Persons Only)	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages	Voting	0.0%
(enter percentage values from 0.0 to 100.0)	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations No

Ownership Information			
FRN	0019934124		
Name	Harold White		
Address	PO Box		
	Street 1	6811 Parker Road	
	Street 2		
	City	Castalia	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	44824	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Retired	Retired	
By Whom Appointed or Elected	Board		
Citizenship, Gender,	Citizenship US		
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race White		
Interest Percentages	Voting	0.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	

	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information			
FRN	0019934165	0019934165	
Name	Neil Hawkins		
Address	РО Вох	PO Box	
	Street 1	6006 Rte 269	
	Street 2		
	City	Castalia	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	44824	
	Country (if non-U.S. United States address)		
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Associate Pastor		
By Whom Appointed or Elected	Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	0.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have a	an attributable interest in one oreport?	or more broadcast stations No	

Ownership Information		
FRN	0021322300	
Name	Richard Hawkins	
Address	PO Box	
	Street 1	5212 Rockwood Dr.
	Street 2	

	City	Castalia	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	44824	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board	(or other governing entity)	
Principal Profession or Occupation	General Manager WLLA	General Manager WLLA	
By Whom Appointed or Elected	Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	0.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt 0.0% Plus)		
Does interest holder have that do not appear on this	an attributable interest in one creport?	or more broadcast stations	No
	nat any interests, including equi his filing are non-attributable. an explanation.	ity, financial, or voting	Yes

(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
If "Yes," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.	

### Certification

Section	Question	Response
Authorized Party to Sign	WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND /OR REVOCATION OF ANY STATION LICENSEOR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR	
	FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	

Certification	I certify that I have examined this report and that to the best of my knowledge and belief, all statements in this report are true, correct and complete.	Official Title: <b>Board Member</b> Exact Legal Title or Name of Respondent: <b>Wayside Temple</b> Name: <b>Clyde R. Yost</b> Phone: <b>4196845311</b>
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